

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12/	1/3/
FORMALITY REVIEW	HAB	TC-916	02-15-01
RESPONSE FORMALITY REVIEW	HC	712	05-15-01
	9/26	1091	9-24-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	2/3/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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9/19/01